



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/01/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER 1-405-235-6633 Gallagher Meyers-Reynolds A division of Arthur J Gallagher Risk Mgt Services Inc 1230 N. Robinson Oklahoma City, OK 73103 Kim Gately	CONTACT NAME: Kim Gately PHONE (A/C, No, Ext): 405-235-6633 ext.1137 FAX (A/C, No): 405-235-6634 E-MAIL ADDRESS: Kim_Gately@ajg.com																					
INSURED Sunnyside Cogeneration Assoc. c/o Constellation Energy Group 100 Constellation Way, Suite 600C Baltimore, MD 21202	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>FEDERAL INS CO</td><td>20281</td></tr><tr><td>INSURER B:</td><td>INDIAN HARBOR INS CO</td><td>36940</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	FEDERAL INS CO	20281	INSURER B:	INDIAN HARBOR INS CO	36940	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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COVERAGES**CERTIFICATE NUMBER:** 22550514**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X		08/01/11	08/01/12	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		08/01/11	08/01/12	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X		08/01/11	08/01/12	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A	N/A				WC STATUTORY LIMITS OTH-ER E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$
B	Pollution			08/18/10	08/18/11	Aggregate 3,000,000 Each Incident 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

General Liability Blanket Additional Insured: Form No.: 42-02-0038 (8-89) Auto Blanket Additional Insured: Form No.: 16-02-0252 (1-01) RE: Permit #ACT/007/035

CERTIFICATE HOLDER**CANCELLATION**

Department of Oil, Gas & Mining (DOG M) Attn: Pam Grubaugh-Littig P O Box 145801 Salt Lake City, UT 84114-5801 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Lee Reynolds</i>
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Gallagher Meyers-Reynolds
A division of Arthur J Gallagher Risk Mgt Services Inc
1230 N. Robinson

EBIX BPO

Oklahoma City, OK 73103
USA

RECEIVED
AUG 08 2011
DIV. OF OIL, GAS & MINING

Department of Oil, Gas & Mining (DOGM)

Attn: Pam Grubaugh-Littig
P O Box 145801

Salt Lake City, UT 84114-5801
USA

14:42:360



This document was brought to you by Ebix/CertificatesNow and Gallagher Meyers Reynolds A division of Arthur J. Gallagher Risk Management Services, Inc. in Oklahoma City, OK.

If you have questions regarding the content of this document, please contact the Producer/Agent listed on the certificate of insurance.

The data included in this notice and in the attached document is confidential to Ebix/CertificatesNow and Gallagher Meyers Reynolds A division of Arthur J. Gallagher Risk Management Services, Inc.

cc:

The data included in this notice and in the attached document is confidential to Ebix BPO and the party responsible for bringing you this information.